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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)			Application Number	09/930,958	09/930,958		
			Filing Date	August 17, 2001	August 17, 2001		
			First Named Inventor	Vishnu Agarwal	Vishnu Agarwal		
			Group Art Unit 2814			1	
			Examiner Name	Theresa T. Doar	Theresa T. Doan		
Total Number of Pages in This Submission		Attorney Docket Numb	per M4065.0151/P1	M4065.0151/P151-B			
ENCLOSURES (check all that apply)							
		Assignment F		to Group	_ ' ' ' '		
Fee Attached		Drawing(s)			Appeal Communication to Board of Appeals and Interferences		
x Amendment/Reply		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
X After Final		Petition		Proprietary Information			
Affidavits/declaration(s)		Petition to Convert to a Provisional Application		Status Letter	TEC		
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address		Other Enclosure(s) (please identify below)	ONH;		
Express Abandonment Request		Terminal Disclaimer		Amendment Transm	ittal GY	ŕ	
Information Disclosure Statement		Request for Refund		' <b>`</b> .	23 CEN	TAIBOUL	
Certified Copy of Priority Document(s)		CD, Number of CD(s)			2003 TER 2		
Response to Missing Parts/ Incomplete Application		Remarks			800	]	
Response to Missing Parts under 37 CFR 1.52 or 1.53				Status Letter  X Other Enclosure(s) (please identify below)  Amendment Transm			
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	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico, #28,371						
Signature	An S						

May 21, 2003

Date





## AMENDMENT TRANSMITTAL LETTER

Docket No. M4065.0151/P151-B

Art Unit Application No. Filing Date Examiner 09/930,958 August 17, 2001 Theresa T. Doan 2814 Applicant(s): Vishnu K. Agarwal, et al. Invention: MULTILAYER ELECTRODE FOR A FERROELECTRIC CAPACITOR TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Highest Claims Number Remaining Number Previously **Extra Claims** After Present Rate Amendment Paid 0.00 **Total Claims** 6 69 х Independent 6 = х 0.00 Claims Multiple Dependent Claims (check if applicable) Other fee (please specify):

TOTAL ADDITIONAL FEE FOR THIS AMEND	MENT: 0.00						
x Large Entity	Small Entity						
x No additional fee is required for this amendm	ent.						
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A check in the amount of \$	to cover the filing fee is enclosed.						
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The Commissioner is hereby authorized to class described below. A duplicate copy of this							
x Credit any overpayment.							
x Charge any additional filing or application p	rocessing fees required under 37 CFR 1.16 and 1.17.						
The	Dated: May 21, 20052 NOLOGY						
Thomas J. D'Amico	NOLO						
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